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ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ  
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REGIONAL TARGETS IN SUPPORT OF THE REGIONAL STRATEGY FOR HEALTH FOR ALL

At its thirtieth session in Foz in 1980, the Regional Committee requested that specific regional targets be formulated to support the implementation of the European regional strategy for attaining health for all (HFA) by the year 2000. It was felt that such targets would motivate Member States to get actively involved in reaching the health for all goal. The present document formulated these regional targets, which suggests levels of improvement required in the health of the population, as well as ways of achieving them.

The present document was endorsed by the Regional Committee at its thirty-fourth session in September 1984.

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Finally, there must be planned, systematic monitoring and evaluation of the public acceptability and relative success of health education programmes to provide feedback to increase their relevance and effectiveness. Accordingly, health education must also be adequately integrated into academic structures.

### 3.2 Promoting healthy behaviour

#### 3.2.1 Positive health behaviour

**Target 16** BY 1995, IN ALL MEMBER STATES, THERE SHOULD BE SIGNIFICANT INCREASES IN POSITIVE HEALTH BEHAVIOUR, SUCH AS BALANCED NUTRITION, NONSMOKING, APPROPRIATE PHYSICAL ACTIVITY AND GOOD STRESS MANAGEMENT.

*This could be achieved if clear targets in these areas are set in each Member State, e.g. a minimum of 80% of the population as nonsmokers and a 50% reduction in national tobacco consumption - and if steps were taken by WHO and other international organizations to promote cooperation in health promotion activities throughout the Region in order to make a wider impact on basic health values.*

#### Problem statement

Positive health behaviour constitutes a conscious effort by individuals to actively maintain their health and that of others. Research indicates that practices such as eating a balanced diet, taking regular physical exercise, ensuring rest and relaxation and engaging in rewarding social and sexual relationships help to increase an individual sense of wellbeing and act as a buffer against illness.

Most research hitherto has focused on health-damaging rather than health-enhancing forms of behaviour, but the interest in developing positive health indicators is growing. In a number of Member States, health education programmes have begun to promote health as an important cultural value. In some countries, a new interest in health is manifest among the general public. Physical activity, sports, health foods, stress relief, meditation and nonsmoking are not only gaining individual attention but also constitute part of a value change promoted by groups of environmentalists and ecologists within the Region.

Positive health behaviour is by far the most challenging field for a health promotion policy. It opens up important fields of research, since more knowledge is needed of what constitutes positive health behaviour and how individuals can be induced to take more responsibility for their own health and for that of others.

As regards balanced diet, health-damaging nutrition problems include insufficient food, unbalanced nutrition, overnutrition and self-imposed undernutrition. The problem of insufficient food is related to social equity and sufficient basic resources, problems discussed as prerequisites to health. Unbalanced nutrition may be due to lack of knowledge, but is closely related to food advertising, packaging, etc., as well as to the choice of menus in fast-food outlets, cafeterias and restaurants. The food processing industry is in some countries the largest manufacturing industry - much bigger than the alcohol or tobacco industries. The development of food processing technology has influenced agricultural production and the availability, distribution and consumption of foods more than any conscious nutrition education campaign. There is commonly too little fibre, too much fat and too much sugar in diets in many European countries, and there may be deficiencies in important micronutrients. Overeating of energy-rich foods leads to obesity - an important problem in many countries - which in turn is linked with cardiovascular diseases, diabetes, etc.

Other problems are more complex, arising from the interaction of learned eating habits, psychological conflicts and cultural values and stereotypes. Adolescent girls are particularly vulnerable to eating problems arising from the contradictory pressures of body-image stereotypes and the association of eating with happiness and gratification during a time of considerable psychological conflict and development.

Nonsmoking is the form of risk behaviour related to health that has been most studied. It has been estimated that up to 10 million people in the European Region are at risk of death from illnesses related to smoking between 1980 and the year 2000. Smoking-related diseases include lung cancer and some other cancers, ischaemic heart disease, chronic bronchitis, emphysema and certain chronic arterial diseases of the leg. Furthermore, the effects on the foetus of smoking by pregnant women are causing increasing concern.

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Over the past 30 years, the general pattern of smoking has been changing considerably within the Region. There are indications that it may be levelling off in the Region as a whole, but there are still considerable differences between countries and between different subgroups within countries. In some countries, many people, especially members of high-status groups, have stopped smoking. In general, women and young children constitute groups whose risks are increasing. It is for this reason that the focus of smoking programmes within the Region has moved towards active nonsmoking as a positive form of health behaviour.

Despite the high long-term social and economic costs to society, tax policies have often made the sale of tobacco of short-term economic benefit to many governments. This fact, along with the powerful business interests involved, often counteracts directly or indirectly attempts by the health sector to reduce smoking. Little attention has been given to programmes of crop substitution or to the fundamental ethical question of whether it is right to produce a clearly pathogenic substance, even in countries with a state tobacco monopoly. These problems are further complicated by the cross-national promotion and distribution of tobacco and other products which affect health.

As regards good stress management, both the subjects just discussed are examples of behaviour that may be part of negative patterns of stress management. A growing body of research evidence demonstrates the consequences of stress-producing situations on both physical and mental health. Coping behaviour, then, has both direct (the frequency of stress reactions in the body) and indirect (tendency to use health-damaging forms of behaviour in attempts to feel better) effects on the preservation of health. Balanced physical activity, relaxation and social interaction, all of which promote health, are important components of effective coping. Unfortunately, the life situations of many people do not allow the balanced lifestyle most conducive to health.

Participation in healthy physical activity can be a very joyful experience and thus be an important factor in improving the quality of life. Physical fitness, acquired in youth and maintained throughout life, seems to be essential for the body to function healthily and at its best. Evidence suggests that improved fitness through regular physical activity helps in prevention and rehabilitation. It is especially important for elderly people to maintain patterns of regular physical activity in order to preserve functional capacity in old age.

Over the past decades, there has been a basic change in the way in which societies regard physical activity. Its contribution, not only to health but also to the general wellbeing of people, has been acknowledged.

#### Suggested solutions

Since advertising, the sale of consumer goods, TV shows, films, etc., are increasingly influencing basic values across national borders, efforts should be undertaken to see how Member States, with the cooperation of WHO and other organizations, can coordinate their individual campaigns so as to enhance the effectiveness of their health promotion policies and programmes. Action must be taken with regard to programming as well to ensure that programmes designed to promote healthy lifestyles recognize the importance of balance, satisfaction and support in the situations of life and respond to the special needs of the many people who are attempting to alter health-damaging habits.

In relation to smoking, strong, persistent nationally and internationally coordinated efforts are needed to change basic social attitudes and practices so that nonsmoking is established as the positive social norm, and considerable attention should be given to creating closer cooperation among Member States in this respect in the years ahead. Legislative steps, such as reducing the availability of tobacco to children, the labelling of all packages with a health warning, control of advertising of tobacco products, restrictions on smoking in public places, schools and workplaces, also play a very important role; duty-free sales of alcohol and tobacco should be abolished.

Since for some countries the growing of tobacco and the manufacture of cigarettes and other tobacco products are of short-term economic importance, initiatives should be taken in each Member State and at international level, to plan and gradually develop substitute crops and industries.

In relation to nutrition, it will be necessary to develop ways of ensuring the production and sale of healthy food products so that those most commonly eaten provide a well-balanced diet. A positive image of healthy eating should be developed with the cooperation of the media and popular public figures in school health education and with the support of industry and nongovernmental organizations, taking into account the cultural values and pressures linked to eating behaviour. Increased information about and support for mutual aid groups, such as those helping people cope with eating disorders, are needed.

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